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**FAX COVER SHEET**

**LSI\***

|          |                                  |             |                           |
|----------|----------------------------------|-------------|---------------------------|
| To:      | Commissioner of Patents<br>USPTO | From:       | Peter Scott               |
| Company: | LSI Corporation                  | Department: | Legal                     |
| Phone:   | 571-273-8300                     | Phone:      | 719-533-7989              |
| Fax:     | 571-273-8300                     | Fax:        | 719-533-7955              |
| Date:    | 06/19/2008                       | # of Pages: | 5 (including cover sheet) |

**Subject:** Submission of Information Disclosure Statement 03-1040

Application No. 10/714,712  
Box: IDS  
Examiner: David M. Werner  
Art Unit: 2621

JUN 19 2008

PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

4

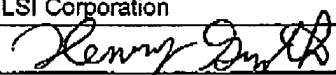
|                      |                      |
|----------------------|----------------------|
| Application Number   | 10/714,712           |
| Filing Date          | November 17, 2003    |
| First Named Inventor | Michael Gallant      |
| Art Unit             | 2621                 |
| Examiner Name        | David N. Werner      |
| Attorney Docket No.  | 1496.00344 / 03-1040 |

## ENCLOSURE (check all that apply)

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
|---|--|--|

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |   |          |                 |
|--------------|---|----------|-----------------|
| Firm Name    | LSI Corporation   |          |                 |
| Signature    |  |          |                 |
| Printed Name | Henry Groth   | Phone    | +1 408-433-4578 |
| Date         | 6-19-08   | Reg. No. | 39,696          |

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

|                       |   |      |         |
|-----------------------|---|------|---------|
| Signature             |  |      |         |
| Typed or printed name | Manu Kashyap, Phone: +1 408-433-7475  | Date | 6/19/08 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

JUN 19 2008

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0651-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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|  |  |                          |                      |
|--|--|--------------------------|----------------------|
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 1103) |  | <b>Complete if Known</b> |                      |
| <b>FEE TRANSMITTAL<br/>For FY 2005</b>   |  | Application Number       | 10/714,712           |
|  |  | Filing Date              | November 17, 2003    |
|  |  | First Named Inventor     | Michael Gallant      |
|  |  | Examiner Name            | David N. Werner      |
|  |  | Art Unit                 | 2621                 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                     |  | Attorney Docket No.      | 1496.00344 / 03-1040 |
| <b>TOTAL AMOUNT OF PAYMENT (\$)</b> 180  |  |                          |                      |

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 12-2252 Deposit Account LSI LOGIC CORPORATION

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) as indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of ☐ Credit any overpayments

fee(s) under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES           |          | SEARCH FEES           |          | EXAMINATION FEES      |          | Fees Paid (\$) |
|------------------|-----------------------|----------|-----------------------|----------|-----------------------|----------|----------------|
|                  | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) |                |
| Utility          | 300                   | 150      | 500                   | 250      | 200                   | 100      |                |
| Design           | 200                   | 100      | 100                   | 50       | 130                   | 65       |                |
| Plant            | 200                   | 100      | 300                   | 150      | 160                   | 80       |                |
| Reissue          | 300                   | 150      | 500                   | 250      | 600                   | 300      |                |
| Provisional      | 200                   | 100      | 0                     | 0        | 0                     | 0        |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Small Entity Fee (\$) | Fee (\$) |
|--|-----------------------|----------|
| Each claim over 20 (including Reissues)            | 300                   | 150      |
| Each independent claim over 3 (including Reissues) | 200                   | 100      |
| Multiple dependent claims                          | 200                   | 100      |

| Total Claims  | Extra Claims | Fee | Fee Paid (\$) | Multiple Dependent Claims | Fee | Fee Paid (\$) |
|---------------|--------------|-----|---------------|---------------------------|-----|---------------|
| - 20 or HP =  | x            | =   |               |                           |     |               |
| Indep. Claims | Extra Claims | Fee | Fee Paid (\$) |                           |     |               |
| - 3 or HP =   | x            | =   |               |                           |     |               |

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee | Fee Paid (\$) |
|--------------|--------------|--|-----|---------------|
| - 100        | /50=         | (round up to a whole number) x                   | =   |               |

**3. APPLICATION SIZE FEE**

|   | Fees Paid (\$) |
|---|----------------|
| Non-English Specification. \$130 fee (no small entity discount)                     |                |
| Other (e.g., late filing surcharge): Submission of Information Disclosure Statement | 180            |

|                     |                    |   |                           |
|---------------------|--------------------|---|---------------------------|
| <b>SUBMITTED BY</b> |                    |   |                           |
| Signature           | <i>Henry Groth</i> | Registration No. 39,696<br>(Attorney/Agent) | Telephone +1 408-433-4578 |
| Name (Print/Type)   | Henry Groth        | Date  |                           |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Michael Gallant et. al.

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JUN 19 2008

Serial No.: 10/714,712

Group Art Unit: 2621

Filed: 17-November-2003

Examiner: David N. Werner

For: High Quality, Low Memory Bandwidth  
Motion Estimation Processor

Atty Docket: 1496.00344 / 03-1040

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on the date below:

6/19/08  
Date

Manu Kashyap  
Signature

**INFORMATION DISCLOSURE STATEMENT**

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

The references listed in the attached form, copies of which are attached, may be material to examination of above-identified application. Applicants submit these references in compliance with their duty of disclosure pursuant to 37 CFR 1.56 and 1.97.

It is requested that the information disclosed herein be made of record in the application

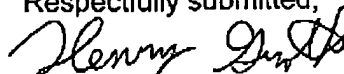
This Information Disclosure Statement is not to be construed as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that these references indeed constitute prior art.

If it is determined that any additional fees are due, the Commissioner is hereby authorized to charge such fees to Deposit Account 12-2252.

LSI Logic Corporation  
1621 Barber Lane, MS D-106  
Milpitas, CA 95035  
408-433-7475

Date: 6-19-08

Respectfully submitted,



Henry Groth

Reg. No. 39,696

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